

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048970

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

254

Primary Registration District No.

3052

Registrar's No.

442

STATE FILE NUMBER

FILED JAN 6 1964

1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SedaliaLength of stay in lb
12 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Bothwell HospitalInside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
15801 T.C. Lee RoadReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

SHARON

LOUISE

WALLER

4. DATE
OF DEATH

Month

Day

Year

December 29, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5/19/63

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

7

10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Independence, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Larry Waller

13b. MOTHER'S MAIDEN NAME

Delores McMullin Waller

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

17. INFORMANT

15801 T.C. Lee Road
Larry Waller, Independence, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

EXTENSIVE ACCIDENTAL BURNS

INTERVAL BETWEEN ONSET AND DEATH

14 HRS.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

INFANT WAS IN BATHTUB - USED AS A

20c. TIME OF INJURY

Hour Month, Day, Year

8:30

p.m.

12 28 63

PLAYPEN - SCALDING HOT WATER WAS TURNED ON BY INFANT

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

HOME

20f. CITY, TOWN, OR LOCATION

R.P. SEDALIA

COUNTY

PETTIS

STATE

MO.

21. I attended the deceased from

12/28/63

to

12/29/63

and last saw her alive on

12/29/63

Death occurred at

10:45 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

DO.

22b. ADDRESS

SEDALIA, MO.

22c. DATE SIGNED

12/31/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1/1/64

23c. NAME OF CEMETERY OR CREMATORY

Potter Cemetery

23d. LOCATION (City, town, or county)

Rural Cooper County, Mo.

(State)

24. EMBALMER DIRECTOR

ADDRESS

Sedalia, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 31, 1963

26. REGISTRAR'S SIGNATURE

Francis J. Shelby, Jr.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. E. Baker

Licensed Embalmer No. 2419

P.O. Address Sedalia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.